

Lumpkin County Animal Shelter
Adoption Application and Agreement

Name(s) _____

Address _____

City _____

Phone _____ e-mail _____

Are you over 18 yrs of age? _____

Place of employment _____ Wk phone _____

Place of employment _____ Wk phone _____

Do you own your home? _____

If not, are you allowed to have pets? _____

Name and phone of person who owns the property: _____

How long have you lived at present address? _____

Are you planning on moving within the next 6 months? _____

Have you had pets before? _____ What kind? _____

What happened to these pets? _____

Name and phone of vet _____

Have you ever been charged with cruelty to animals or humans? _____

Have you ever been charged with animal abandonment? _____

Have you ever given up an animal because you could not keep it? _____

How many adults, other than you, will be living in the home? _____

How many children? _____ Ages: _____

How many dogs and cats currently live in your home or on your property? _____

Are these animals spayed or neutered? _____

Are these animals current on their rabies shots? _____

Where will this animal live? _____

If outside, what kind of shelter will the animal have for both hot and cold weather? _____

Who will be responsible for the veterinarian costs for this animal? _____

Who will be responsible for the daily care and feeding of this animal? _____

How will you keep your pet confined to your property? _____

Are you willing to have Animal Control or a representative of the humane society visit your home to assure this animal is being care for properly? _____

(See other side of form)

1. I (we) will not use the animal for experimentation or for vivisection.
2. I (we) will not allow the animal to roam.
3. If I (we) can no longer keep the animal, I (we) agree to find the animal a good home.
4. I agree to allow the Lumpkin County Animal Control to investigate my home and remove the animal if the animal is not properly cared for.
5. I (we) understand that the Lumpkin Co. Animal Shelter does not have a veterinarian on staff and that the animal is received by me without warrant as to health, disposition or anything else about the animal. I (we) understand the animal has not had a health exam and has had no shots, baths, medication or treatment of any type. I (we) agree to take the animal as it is.
6. I (we) agree to take the animal to a veterinarian to have rabies shots as prescribed by law and to see that the animal has all necessary shots and to care for the animal as prescribed by a veterinarian.
7. I (we) agree to have the animal sterilized within 30 days of adoption but absolutely no later than _____.
8. I (we) agree to bring to the Lumpkin Co. Animal Shelter proof from the veterinarian that the animal has been sterilized and given rabies shots no later than _____.
9. I (we) understand that having the animal sterilized is a state law and that if I do not bring back proof of sterilization to the Lumpkin County Animal Shelter as stated above that a Lumpkin County deputy will visit my home or place of work and I may be charged.
10. I (we) agree to pay for all costs associated with sterilization, shots, health and maintenance of the animal.
11. I (we) understand that the Lumpkin County Animal Shelter does not have a refund policy and that no monies can be refunded.
12. I (we) agree to hold harmless the Lumpkin County Animal Shelter, Animal Control, the Lumpkin County Sheriff's Office and PAWS Humane Society for any illness the animal may have or cause and for any damage or aggression or problems the animal may cause or for any expense or other problems caused or incurred by this animal.

Type of animal _____ Name used at shelter _____
 Breed _____ Sex _____ Age _____ Control number _____
 Description _____
 Additional information _____

I certify the above information is accurate and complete to the best of my knowledge.

I understand that the Lumpkin County Animal Shelter, Animal Control or PAWS Humane Society has the right to reclaim the animal if any information given is false or inaccurate, if the animal is not properly care for, or if the animal is not sterilized according to the adoption agreement.

I authorize the release of any information related to my ability to lovingly care for pets.

 please sign and date

 please sign and date

Photocopy picture
 identification here